Exhibit B

WELCOME TO NEW YORK STATE NEW YORK STATE TRAVELER HEALTH FORM

(One form per person/family required)

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has issued a travel advisory for anyone entering New York from a state that has a significant degree of community-wide spread of COVID-19.

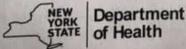
If you have traveled from within one of the designated states with significant community spread, you must undertake a precautionary quarantine when you enter New York for 14 days from the last day you were in a designated state. This does not apply to any individual passing through a designated state for a limited duration (i.e. less than 24 hours) through the course of travel, or essential workers as outlined below.

For a list of states that meet the criteria for required quarantine due to significant community transmission: www.coronavirus.health.ny.qov/covid-19-travel-advisory. This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

Upon entering New York, if you are a traveler and do not have a suitable dwelling for your 14-day quarantine period, you must find appropriate accommodations at your own cost. If you are a NYS resident returning from travel and do not have appropriate accommodations for quarantine, please call your local health department: www.health.ny.gov/contact/contact_information/.

Please see attached guidance document on how to quarantine safely: https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine_guidance.pdf

	First (given) n		
Primary state of residence: NYS	Other (specify):		
Birth date: / / / (Month/Day)	(Year))		
Gender: Male Female Nor	n Binary		
Date of arrival to NYS://	/ (Month/Day/Year)		
IN THE LAST 14 DAYS HAVE YOU BEE SIGNIFICANT COMMUNITY SPREAD?	EN IN ONE OF THE STATES DE	SIGNA	TED AS HAVING
List state:	Last date in state:		/ (Month/Day/Year)
List state:	Last date in state:Last date(s) in state:		/ (Month/Day/Year) / (Month/Day/Year)
List state:	Last date(s) in state: _ t all that apply)		// (Month/Day/Year)/ (Month/Day/Year)
List state: Additional state(s): How did you travel into New York? (selection of the property of the propert	Last date(s) in state: t all that apply) Description: Last date(s) in state: Ship		/ (Month/Day/Year)
List state:	Last date(s) in state: t all that apply) Description: Last date(s) in state: Ship		/ (Month/Day/Year)
List state: Additional state(s): How did you travel into New York? (selection of the private vehicle Public Train If Air Travel: Airline:	Last date(s) in state: t all that apply) in Air Travel Ship Flight number:		/ (Month/Day/Year)
List state: Additional state(s): How did you travel into New York? (selection of the property of the propert	Last date(s) in state: t all that apply) n		/ (Month/Day/Year) Seat Number



lew York resident	s, is final destination listed your prima	ry residence? Yes No
w York is not your	residence and you are visiting, durat	ion of stay:
phone number: (_)	Mobile?
rnate telephone ni	umber: ()	Mobile? Yes No
nail address:		
you consent to us	ing the New York State Department of	Health text messaging system? Yes No
DAY OR IN THE	PAST 24 HOURS, HAVE YOU HAD A	NY OF THE FOLLOWING SYMPTOMS?
ver (100.4" F / 38"	C or higher), felt feverish, or had chills	? Yes No
ough? (new or wor	sening)? Yes No	
ifficulty breathing?	(new or worsening)? Yes No	
F YOU ARE AN ES	SENTIAL WORKER, AND WHEN IN N THE SECTION BELOW	YS WILL PERFORM ESSENTIAL WORK,
Are you a resident	and essential worker in New York?	es No
If no, are you an	essential worker traveling to New York to	
If yes (select one		
Yes No	Short-term essential worker traveling (such as an essential worker passing the layovers, and other short duration activi-	to New York for a period of less than 12 hours? rough New York, delivering goods, awaiting flight ties)
☐Yes ☐No	Medium-term essential worker travell (such as an essential worker delivering layover, and other medium duration act	ng to New York for a period of less than 36 hours? multiple goods in New York, awaiting longer flight vities)
☐ Yes ☐ No	requiring a stay of several days?	to New York for a period of greater than 36 hours I longer projects, fulfilling extended employment ctivities)?
f you are not an ess rom these requirem	ential worker but have extraordinary circents, please contact the NYS COVID-15	cumstances and you believe you should be exempt Hotline at 1-888-364-3065.
TTESTATION		
hereby attest, under ly knowledge.	penalty of law, that all information that	I have provided is true and accurate to the best of
	Signature	Date
	NEW YORK Dep	eartment lealth
	STATE OF I	lealth